

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:120 NCCHC Y-I-01
CHAPTER: Health & Safety Services	AUTHORITY: KRS 15A.065	
SUBJECT: Therapeutic Restraints		
POLICY NUMBER: 406		
TOTAL PAGES: 4		
EFFECTIVE DATE: 4/4/2014		
APPROVAL: A. Hasan Davis		, COMMISSIONER

I. POLICY

Therapeutic restraint equipment shall be used in accordance with established medical protocol as a temporary control measure for youth when the issue necessitating the use of therapeutic restraints is of a medical or psychiatric nature and all other actions appropriate to the situation have been ruled out. Therapeutic restraints are not intended for, and shall be prohibited for use as, a means of discipline and punishment. The use of chemical restraints, chemical agents, and fixed restraints shall be prohibited.

II. APPLICABILITY

This policy shall apply to designated Youth Development Centers and Detention facilities providing services to youth sentenced or committed to the Department of Juvenile Justice (DJJ).

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. Therapeutic Restraints shall only be utilized after an order from the Treatment Director, Regional Psychologist, Director of Medical Services, or Chief of Mental Health Services.
- B. The order shall indicate the reason for restraint, date and time of the order, type of therapeutic restraint used, maximum duration of the order, and criteria for release.
- C. The facility superintendent and Facilities Regional Administrator shall be notified within fifteen (15) minutes of any use of therapeutic restraints.
- D. DJJ staff that are trained by the Division of Professional Development may apply the restraints.
- E. Youth shall be placed in therapeutic restraints only after other physical management techniques or other restraints have failed to control the youth's movement or behavior.

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- F. Minimum force shall be used in the application of therapeutic restraints to reduce the possibility of injury to the youth and to the staff.
- G. The youth shall be searched before restraints are applied, except when circumstances prevent a search. In this case the search should take place as soon as possible after the restraints are applied.
- H. Therapeutic restraints shall not be affixed to a stationary object in any manner so as to constitute a fixed restraint. It is also prohibited to restrain a youth in an unusual position. Any violation of this policy shall result in discipline from written reprimand up to and including dismissal.
- I. Any youth placed in therapeutic restraints shall be removed from the general population and public view to prevent embarrassment or ridicule.
- J. Facility nurses or health-trained staff shall conduct an assessment of each youth every 15 minutes during the therapeutic restraint episode to check vital signs, circulation, nerve damage, airway obstruction, and psychological trauma. Documentation shall be made on the observation logs.
- K. Hydration should be offered to the youth at a minimum of every 30 minutes or upon reasonable request and documented on the observation log.
- L. Bathroom privileges shall be permitted at a minimum every hour or upon reasonable request and documented on the observation log.
- M. Proper nutrition shall be offered at each designated meal or snack time and documented on the observation log. The nutrition shall be offered in a manner easily consumed by the youth to reduce the risk of choking or other medical problems.
- N. When no change in the youth's behavior occurs within the first 30 minutes, the QMHP or Regional Psychologist shall begin the evaluation of the youth for possible referral to appropriate resources.
- O. Approval for continued use of the therapeutic restraints beyond one (1) hour shall be obtained from the DJJ Director Division of Medical Services or Chief of Mental Health Services.
- P. Re-evaluation of the need for therapeutic restraints shall occur in person at least every hour by the QMHP, Regional Psychologist, Director of Medical Services, or Chief of Mental Health Services.
- Q. Maximum duration for the use of therapeutic restraints shall be no more than two (2) hours.
- R. At the discretion of the ordering clinician, the youth shall be released from the therapeutic restraints if they remain calm.
- S. Youth shall be evaluated by a QMHP for continuing care after the removal of the therapeutic restraints.

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- T. The event shall be documented in an incident report. The incident report shall include the reason for the use of therapeutic restraint; all interventions attempted prior to the authorization of the therapeutic restraints, the specific therapeutic restraint equipment used; the duration of the therapeutic restraint; the person authorizing the therapeutic restraint; and the time the approval was received. The incident report shall be completed within the timeframes specified in DJJPP Chapter 3 (Critical Incident Reports) and filed in the youth's Individual Client Record. The report shall be reviewed through the program channels to the Superintendent for compliance with policy and procedure.
- U. The Division Director shall also review the documentation for compliance with policy and procedure with a copy of the results sent to the Deputy Commissioner of Operations.
- V. If an injury occurs in the course of use of therapeutic restraints, it shall be fully documented. Prompt medical attention shall be required when injuries are serious enough to warrant anything other than first aid. The Superintendent shall conduct a thorough review of all incidents involving injury during therapeutic restraint to determine if such incidents may be avoided in the future.
- W. Therapeutic Restraint Equipment Inventory
 - 1. The availability, control, and use of therapeutic restraint equipment shall be the responsibility of the Superintendent, or the FRA.
 - 2. Therapeutic restraints shall be secured in a location that is accessible only by supervisory staff. Documentation shall be maintained in the form of inventory and use log(s) to provide accountability for their whereabouts and use.
 - 3. The Superintendent or FRA or designees shall review the therapeutic restraint inventory and use records monthly and ascertain that equipment listed is secured in the locations noted.
 - 4. Restraint equipment shall be properly cleaned and disinfected after each use.

V. MONITORING MECHANISM

The Regional Manager or Regional Facilities Administrator, Chief of Mental Health Services, Director of Medical Services, and Quality Assurance Branch shall monitor compliance with this policy.